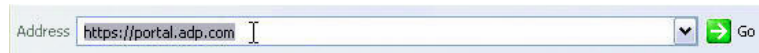
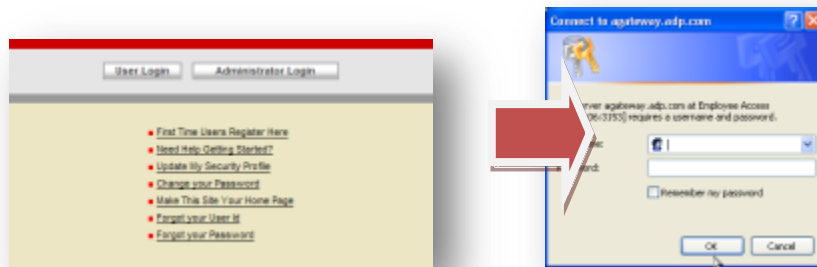


1. Complete the Worksheet that was mailed to you by noting your benefit elections. This will help you to complete your online enrollment quickly.
 - a. Please note that after 15 minutes of inactivity, you will be logged out of the Benefit Enrollment System. Your changes will be saved as long as you go back and finish your elections by 8 PM MST on the same day.
2. If not previously registered with the ADP Self-Service Portal, type <https://portal.adp.com> in the Internet Explorer browser address bar. Click “Enter” or “Go”.



Click on the link “First Time Users Register Here”. Then click on the “Register Now” button and follow the prompts.

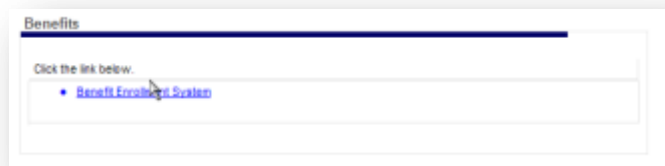
- a. The registration passcode is **MCAZ - PRISM09** (the last two digits are the numbers zero and nine).
- b. During the registration process you will set your own password and answer security questions.



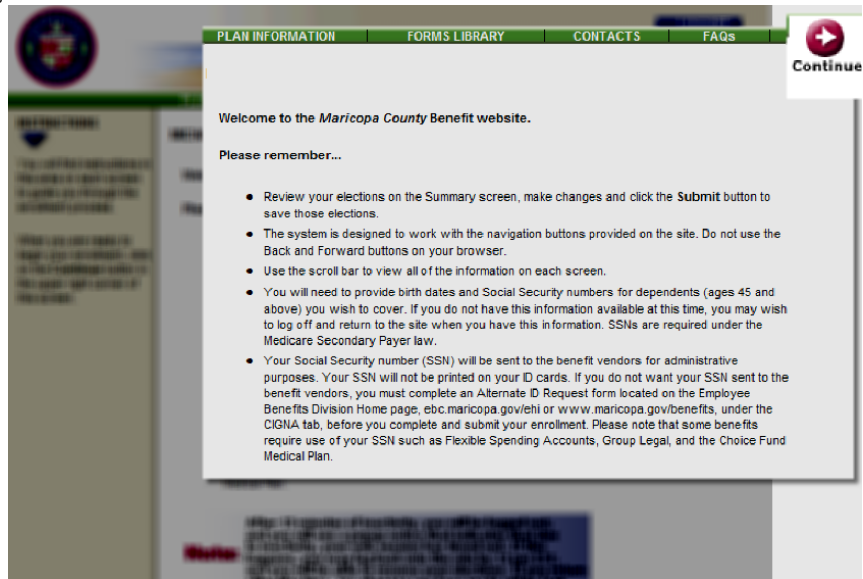
3. Once you are logged in, click on the “Benefits” tab then click on the “Welcome” link.



4. When the new page opens, click on the “Benefit Enrollment System” link.



5. At the Welcome Page, click “Continue”



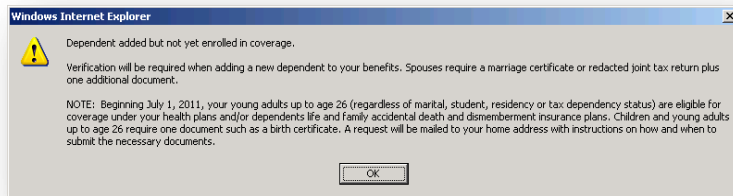
6. Use the Dependent Maintenance Screen to input your dependent information.
- Enter your dependent's name, relation, gender and date of birth.
 - Enter your dependent's Social Security Number.

The Medicare Secondary Payer Mandatory Insurer Reporting Requirements of Sect 111 of the Medicare, Medicaid, and Schip Extension Act of 2007 requires the collection and reporting of the Social Security Number (or Medicare Health Insurance Claim Number “HICN”) from covered individuals as listed below:

- employees and covered family members age 45 to 64,
 - employees and covered spouses age 65 and older,
 - employees and covered dependents who receive kidney dialysis or have a kidney transplant, and
 - any covered individual that the plan sponsor knows to be entitled to Medicare.
- c. Indicate the disabled status of your dependent.

Online New Hire Enrollment System Instructions | 2011

- d. When finished inputting your dependent's information, click the "Add" button. A warning message will pop up to advise you that your dependent is added but not yet enrolled in coverage. When all dependents have been added, click "Continue".

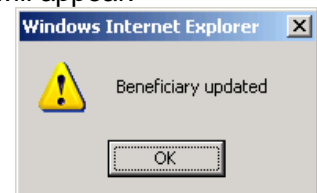


7. Beneficiary Information Update

- a. The Beneficiary Maintenance Screen allows you to input your beneficiary information.

A screenshot of the "Beneficiary Information" screen in a web application. The screen has a header with a logo and navigation links. Below the header is a table with columns: Name, Relation, DOB, Address, City, State, Zip, and Country. There are two rows in the table, numbered 1 and 2. Below the table is a section titled "Beneficiary Maintenance" with several input fields and buttons. The background of the screen shows a blurred view of a landscape with mountains.

- b. Enter the name of each beneficiary. If your beneficiary is a Trust or Estate, enter the name of the Trust or Estate.
- c. Enter the Date of Birth for the beneficiary. NOTE: Do not add duplicate beneficiaries as this will result in inconsistent data and cause possible enrollment problems. If a beneficiary is listed, use the update button to make necessary changes.
- d. This screen requires entry of a relation. If using a Trust or an Estate, enter "Trust" or "Estate" in the relation field.
- e. Click the "Add" button to add the beneficiary.
- f. When successfully added, the following pop-up message will appear.



- g. When all beneficiaries have been added, click "Continue"

8. Beneficiary Designations

- a. The Beneficiary Designations Screen allows you to specify the percentage of your benefit being designated to each beneficiary.

Beneficiary Designations			
Basic Life Insurance - Coverage Amount: \$17,000.00			
Name	Relation	Percent	Designation
	Spouse	100 %	Primary
		0 %	None

- b. In this screen, you may also designate a beneficiary as a Primary or Contingent beneficiary.
 - c. Click on the red “Beneficiary Information” button to amend or add other beneficiaries.
 - d. When all designations have been updated, click “Continue”.
- ## 9. Medical Election
- a. This screen allows you to choose a medical plan for you and your dependents.

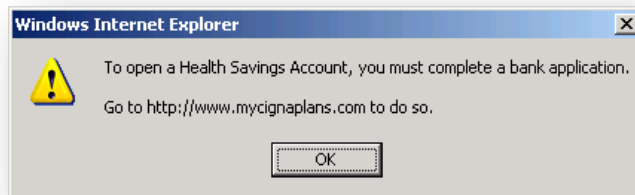
Medical				
2011 - 2012 election: Choice Fund-Health Savings Account Benefits Plan for Employee Only. Costs shown are per pay period amounts.				
Plan Options				
Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
<input type="radio"/> Waived Medical Benefit Plan	\$0.00	\$0.00	\$0.00	\$0.00

Place a check mark in the box to the left of the name of each dependent you wish to cover. An unmarked box means that dependent will not be covered.

- b. When all designations have been updated, click “Continue”.
 - i. NOTE: If you elected the Choice Fund Medical Plan with Health Savings Account and have not opened the Savings Account through JP Morgan Chase you must complete the online bank application located at

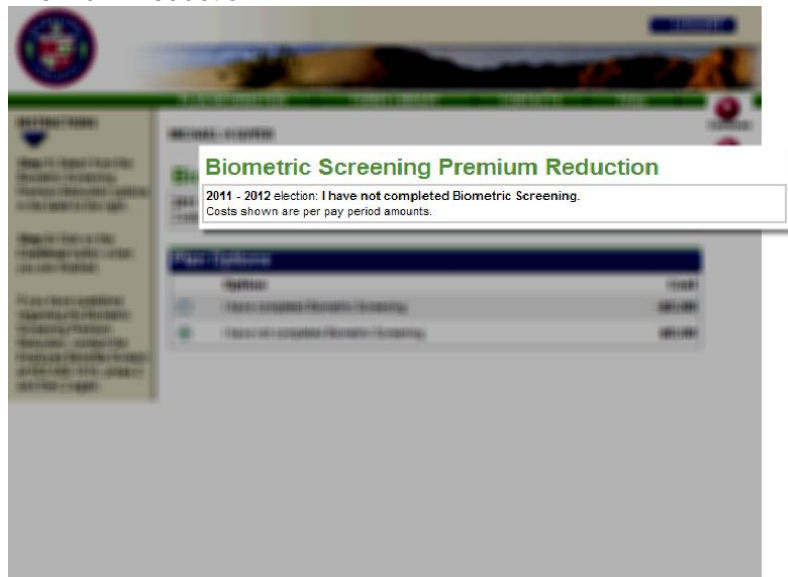
Online New Hire Enrollment System Instructions | 2011

<http://www.mycignaplans.com> , UserID: maricopacounty2011, Password: cigna Otherwise, click "Ok".

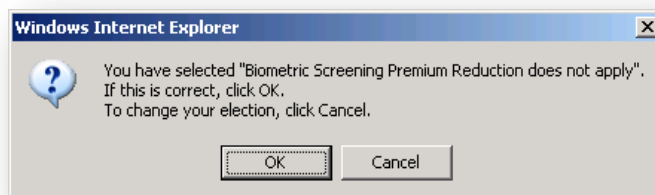


10. Biometric Screening Premium Reduction

- a. This screen allows you to indicate if you have completed the Biometric Screening in order to receive the Premium Reduction.



- b. Select the applicable Biometric Screening option.
- c. Click "Continue".
- d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.



11. Health Assessment Premium Reduction

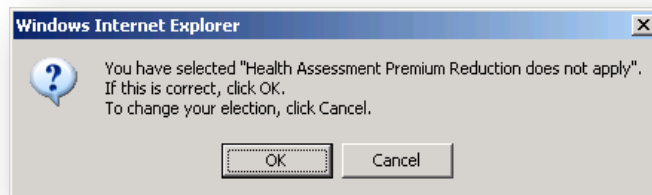
- a. This screen allows you to indicate if you have completed the Health Assessment in order to receive the Premium Reduction.

Health Assessment Premium Reduction

2011 - 2012 election: I have not completed the Health Assessment.
Costs shown are per pay period amounts.

Health Assessment	Cost
<input type="radio"/> I have completed the Health Assessment.	\$0.00
<input type="radio"/> I have not completed the Health Assessment.	\$0.00

- b. Select the applicable Health Assessment option.
- c. When all selections have been updated, click "Continue".
- d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.



12. Non-Tobacco User Premium Reduction

- a. This screen allows you to indicate tobacco use status for you and your covered dependents. **Read each option carefully.**

Non-Tobacco User Premium Reduction

Costs shown are per pay period amounts.

I completed the Saliva Test for nicotine detection.

Option	Cost
<input type="radio"/> I am a user of Tobacco products.	\$0.00
<input type="radio"/> A covered dependent is a user of Tobacco products, but I am not.	\$0.00
<input type="radio"/> No one (employee nor covered dependents) uses Tobacco products.	-\$20.00

I did not complete the Saliva Test for nicotine detection.

Option	Cost
<input type="radio"/> I am a user of Tobacco products.	\$0.00
<input type="radio"/> A covered dependent is a user of Tobacco products, but I am not.	\$0.00
<input type="radio"/> No one (employee nor covered dependents) uses Tobacco products.	\$0.00

- b. Select the appropriate section based on your participation in the Saliva Test and then complete the appropriate option for yourself and your covered dependents.
 - c. When all selections have been updated, click "Continue".
 - d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.
13. NOTE: If you elected the Choice Fund Medical Plan with Health Savings Account enter the annual dollar amount you wish to contribute to your Health Savings Account through payroll deductions. Otherwise, click "Continue".

Health Savings Account

2011 - 2012 election: Waived Contribution to Health Savings Account.

Annual Contribution Amount

\$ 0.00

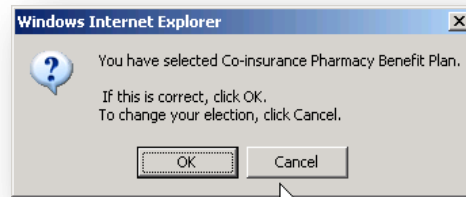
14. Pharmacy Election (If Choice Fund Medical Plan was chosen, click "Continue".)
- a. This screen allows you to choose the pharmacy plan for you and your covered dependents.

Pharmacy

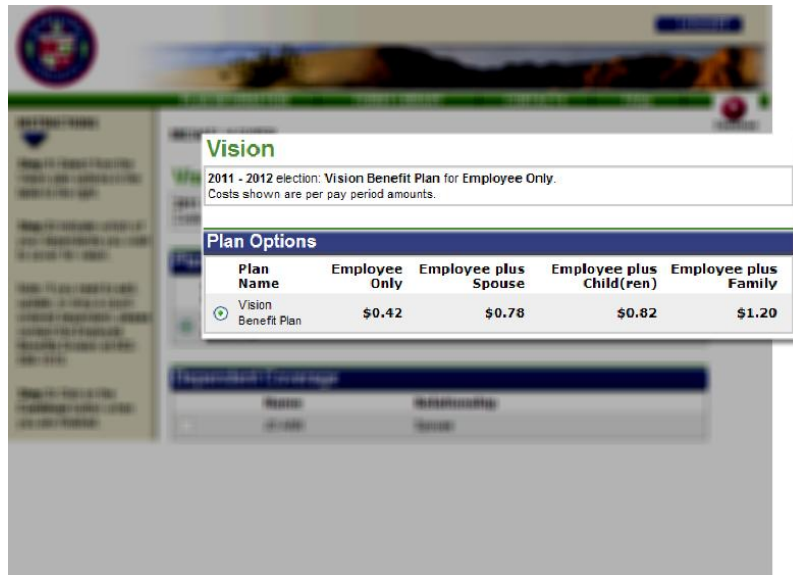
2011 - 2012 election: Choice Fund HSA Pharmacy Benefit Plan for Employee Only. Costs shown are per pay period amounts.

Plan Options				
Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
Choice Fund HSA Pharmacy Benefit Plan	\$0.00	\$0.00	\$0.00	\$0.00

- b. When all selections have been updated, click "Continue".
- c. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.



15. HICN Collection
 - a. This screen allows you to indicate whether you or your dependents are enrolled in Medicare. Select the appropriate option for yourself and your dependents.
 - b. Place a check mark in the box to the left of each dependent enrolled in Medicare.
 - c. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.
16. Enter your HICN
 - a. If you and/or your covered dependent are enrolled in Medicare, enter the Health Insurance Claim Number (HICN) located on your Medicare card.
17. If you waived medical coverage, you may choose the vision plan option for yourself and dependents. Indicate your coverage level (e. g., Employee plus Family). Otherwise click "Continue".

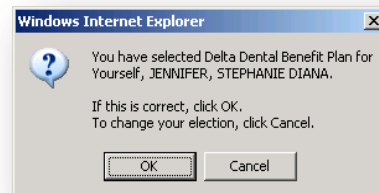


18. Review Behavioral Health coverage information and click "Continue". If you elected medical coverage, you are automatically enrolled in Behavioral Health coverage.
19. Dental Election
 - a. This screen allows you to choose a dental plan for you and your dependents.

- b. Select the appropriate plan option.

Plan Name	Employee Only	Employee plus Spouse	Employee plus Child(ren)	Employee plus Family
<input type="radio"/> Employers Dental Services Benefit Plan	\$2.25	\$4.27	\$5.60	\$6.43
<input type="radio"/> CIGNA Dental Benefit Plan	\$12.21	\$27.86	\$28.80	\$38.04
<input checked="" type="radio"/> Delta Dental Benefit Plan	\$17.53	\$39.61	\$41.50	\$54.38
<input type="radio"/> Waived Dental Benefit Plan	\$0.00	\$0.00	\$0.00	\$0.00

- c. Place a check mark in the box to the left of the name of each dependent you wish to cover. An unmarked box means that dependent will not be covered.
- d. When your selection has been updated, click "Continue".
- e. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.



20. Review Basic Life Insurance beneficiary and update if necessary.

Option	Coverage Amount	Cost
<input checked="" type="radio"/> 1 times Annual Base Salary	\$17,000	\$0.00

21. Review Basic Accidental Death and Dismemberment insurance beneficiary and update if necessary.

Basic Accidental Death & Dismemberment

2011 - 2012 election: 1 times Annual Base Salary.

Option	Coverage Amount	Cost
<input checked="" type="radio"/> 1 times Annual Base Salary	\$17,000	\$0.00

22. Additional Life Insurance

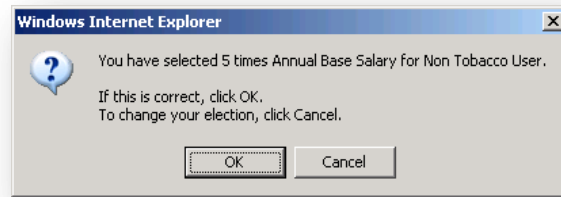
- a. This screen allows you to choose additional life insurance coverage.

Additional Life Insurance

2011 - 2012 election: 5 times Annual Base Salary for Non Tobacco User.
Costs shown are per pay period amounts.

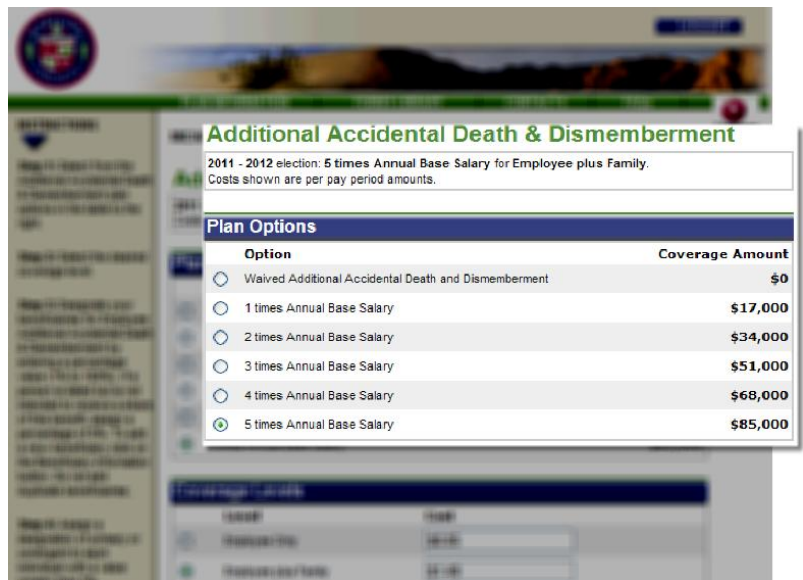
Option	Coverage Amount
<input type="radio"/> Waived Additional Life Insurance	\$0
<input type="radio"/> 1 times Annual Base Salary	\$17,000
<input type="radio"/> 2 times Annual Base Salary	\$34,000
<input type="radio"/> 3 times Annual Base Salary	\$51,000
<input type="radio"/> 4 times Annual Base Salary	\$68,000
<input checked="" type="radio"/> 5 times Annual Base Salary	\$85,000

- b. Select the appropriate plan option in values ranging from one to five times your annual base salary and indicate your tobacco use status as this will determine your monthly cost for the insurance coverage.
- c. Review and update beneficiary designation if necessary.
- d. When all selections have been updated, click "Continue".
- e. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.

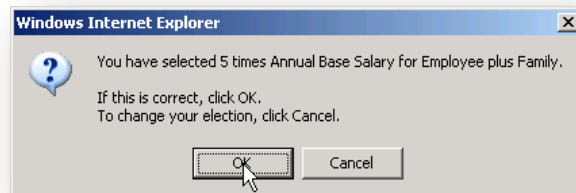


23. Accidental Death and Dismemberment Insurance

- a. This screen allows you to choose additional Accidental Death and Dismemberment coverage.



- b. Select the appropriate plan option in values ranging from one to five times your annual base salary, and select employee only or family coverage.
- c. Review and update beneficiary designation if necessary.
- d. When all selections have been updated, click "Continue".
- e. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection click "Cancel" and make the change then click "Continue" again.



24. Spouse Life Insurance

- a. This screen allows you to choose spouse life insurance coverage.

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Spouse Life Insurance

2011 - 2012 election: Waived Spouse Life Insurance.
Costs shown are per pay period amounts.

I have a spouse who is also a Maricopa County employee. ☐ Yes ☐ No ☐ Does not apply

Option	Coverage Amount	Cost
<input checked="" type="radio"/> Waived Spouse Life Insurance	\$0	\$0.00

- b. NOTE: A question regarding your spouse must be answered on this screen in order to continue.
- c. Select the appropriate plan options in values ranging from \$10,000 to \$100,000.
- d. Coverage amounts over \$50,000 dollars require approval by the insurance company.

Windows Internet Explorer

Because you elected to increase your coverage, you will have to provide satisfactory evidence of your dependent's insurability. You must complete a Medical History Statement and submit it to the Carrier. Until your application is approved by the Carrier, your coverage will remain at a lesser amount.

To print the Medical History Statement now, click OK.
To save your election and print the form at a later time, or if you have already completed the form, click Cancel.

OK Cancel

If evidence of insurability is required, complete and submit a Medical History Statement available at the link.

Standard Insurance Company Medical History Statement
For Member-Only: 4420194

SELECTIONS FOR APPLYING FOR COVERAGE
Please do not complete this form unless you are required to provide evidence of insurability. To apply for coverage for a Member-Employee, Spouse or Child, you must complete this form. Then complete all other forms, and sign as instructed. Send the original to Standard Insurance Company, at the address above. Please print a copy for your records.

MEMBER-EMPLOYEE INFORMATION

Name of Group	Group Number	Check who is Applying (Please write)
Maricopa County	64547	<input type="checkbox"/> Member-Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child
Member/Employee Name	Birthdate (MM/DD/YYYY)	Initial (MM/DD/YYYY)
Occupation	Salary	Social Security Number
Member/Employee Identification No.		

APPLICANT INFORMATION

Applicant's Name (Please print in full)	Street Address	City	State	Zip
Sex	Birthdate (MM/DD/YYYY)	Birthplace	Social Security Number	Work Phone
or			Home Phone	

APPLICATION INFORMATION

Type of Application (check one) ☐ Initial ☐ Increase in coverage ☐ Late Application

Check the insurance coverage you are requesting. (Maricopa County provides you 1 times your annual earnings of Basic Life Insurance coverage)

Total amount of coverage requested, to include coverage level currently in force:

Additional Life	<input type="checkbox"/> 1 times your annual earnings <input type="checkbox"/> 2 times your annual earnings <input type="checkbox"/> 3 times your annual earnings
Dependents Life	<input type="checkbox"/> 1 times your annual earnings <input type="checkbox"/> 2 times your annual earnings <input type="checkbox"/> 3 times your annual earnings

Dependents Life

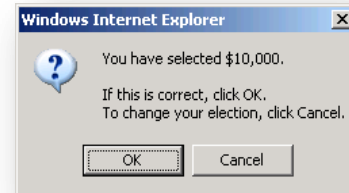
☐ Spouse (Please Dependents Life Insurance is only of \$40,000 to a maximum of \$100,000)

Coverage currently is from \$_____ and increasing an additional amount of \$_____ to a total amount of \$_____

☐ Children (United Dependents Life Insurance is only of \$6,000 to a maximum of \$20,000)

Coverage currently is from \$_____ and increasing an additional amount of \$_____ to a total amount of \$_____

- e. When all selections have been updated, click "Continue".
- f. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection, click "Cancel" and make the change then click "Continue" again.



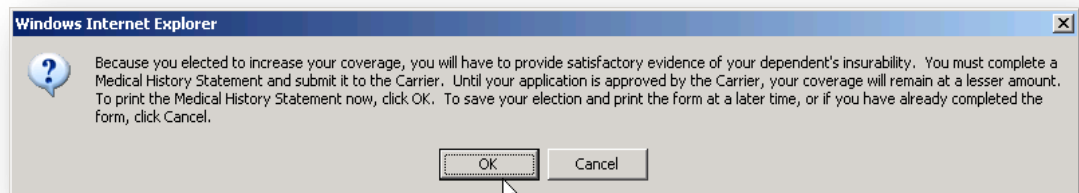
25. Child Life Insurance.

- a. This screen allows you to choose the Child Life coverage.

A screenshot of a web application window titled "Child Life Insurance". Below the title, it says "2011 - 2012 election: Waived Child Life." and "Costs shown are per pay period amounts." Below this is a table titled "Plan Options".

Option	Coverage Amount	Cost
<input checked="" type="radio"/> Waived Child Life	\$0	\$0.00
<input type="radio"/> \$5,000	\$5,000	\$0.25
<input type="radio"/> \$10,000	\$10,000	\$0.50
<input type="radio"/> \$15,000	\$15,000	\$0.75
<input type="radio"/> \$20,000	\$20,000	\$1.00

- b. Select the appropriate plan option in values ranging from \$5,000 to \$20,000.
- c. Coverage amounts over \$10,000 require approval by the insurance company.



If evidence of insurability is required, complete and submit a Medical History Statement available at the link.

Standard Insurance Company
Medical History Questionnaire
For Employees of: 4502094

DIRECTIONS FOR APPLYING FOR COVERAGE
This form must be completed when Enrolling in Insurance. It is required. To apply for coverage for a Member/Employee, Spouse or Child, use the Information/Plan Selection below. Then complete all other information. Please print clearly. Send the original to Standard Insurance Company, at the address above. Please take a copy for your records.

MEMBER/EMPLOYEE INFORMATION

Name of Group	Group Number	Check who is Applying (Please use terms: Member/Employee, Spouse, or Child)
Member/Employee Name	Member/Employee ID	Enter Head of Household
Occupation	Salary	Member/Employee Identification No.

APPLICANT INFORMATION

Applicant Name (Please print name)	Street Address	City	State	Zip
Age	Relationship to Member/Employee	Social Security Number	Work Phone	Home Phone

APPLICATION INFORMATION

Type of Application (check one) ☐ Initial ☐ Renewal to coverage ☐ Late Application

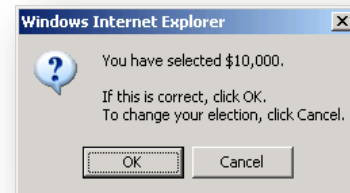
Check the insurance coverage you are requesting. (Please print your annual earnings of \$_____)

Total amount of coverage requested, to include coverage level currently in force:

Additional Life ☐ 1 times your annual earnings ☐ 2 times your annual earnings ☐ 3 times your annual earnings ☐ 4 times your annual earnings ☐ 5 times your annual earnings

Dependents Life ☐ Spouse (Spouse's Dependents Life Insurance is only to a maximum of \$100,000) ☐ Child(ren) (Child(ren) Dependents Life Insurance is only to a maximum of \$25,000) ☐ Grandchild(ren) (Grandchild(ren) Dependents Life Insurance is only to a maximum of \$25,000)

- d. When all selections have been updated, click "Continue".
- e. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection click "Cancel" and make the change then click "Continue" again.



26. Short Term Disability

- a. This screen allows you to choose Short Term Disability coverage.

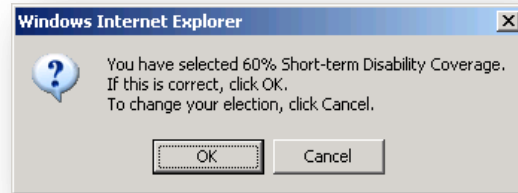
Short Term Disability

2011 - 2012 election: 50% Short-term Disability Coverage.
Costs shown are per pay period amounts.

Option	Cost
<input type="radio"/> Waived Short-term Disability Coverage	\$0.00
<input type="radio"/> 40% Short-term Disability Coverage	\$1.89
<input checked="" type="radio"/> 50% Short-term Disability Coverage	\$2.67
<input type="radio"/> 60% Short-term Disability Coverage	\$4.17

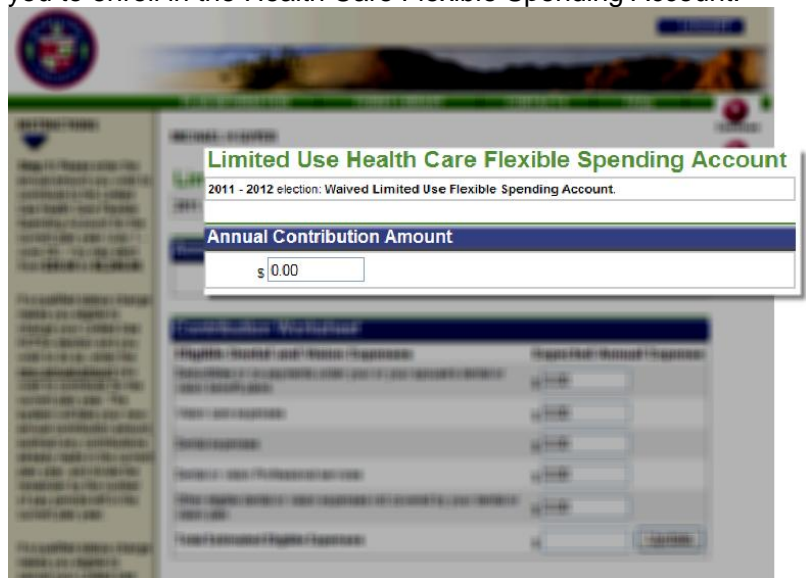
- b. Select the appropriate plan options in values ranging from 40% to 60% of base salary.

- c. When all selections have been updated, click "Continue".
- d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection click "Cancel" and make the change then click "Continue" again.

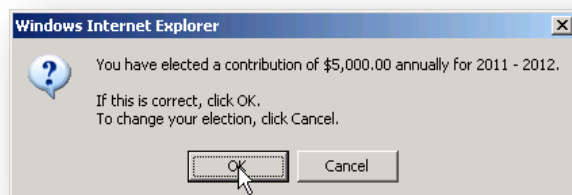


27. Health Care Flexible Spending Account

- a. This screen allows you to enroll in the Health Care Flexible Spending Account.



- b. Input a contribution value of up to \$5,200 for the remainder of the plan year ending June 30.
- c. When all selections have been updated, click "Continue".
- d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection click "Cancel" and make the change then click "Continue" again.



28. Dependent Care Flexible Spending Account

- a. This screen allows you to enroll in the Dependent Care Flexible Spending Account.

Dependent Care Flexible Spending Account

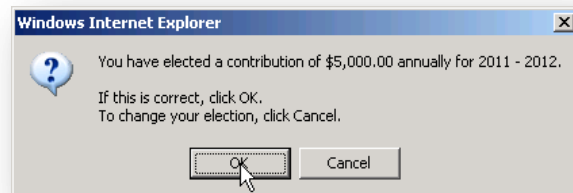
2011 - 2012 election: Waived Participation.

Annual Contribution Amount

\$0.00

Election	Amount
Dependent Care Flexible Spending Account	\$0.00

- b. Input a contribution value of up to \$5,000 for the remainder of the plan year ending June 30.
- c. When all selections have been updated, click "Continue".
- d. Click the "OK" button when the pop-up message to acknowledge your selection appears. To change your selection click "Cancel" and make the change then click "Continue" again.



29. Group Legal

- a. This screen allows you to choose group legal coverage.

Group Legal Services

2011 - 2012 election: Waived Group Legal Services.
Costs shown are per pay period amounts.

Plan Options

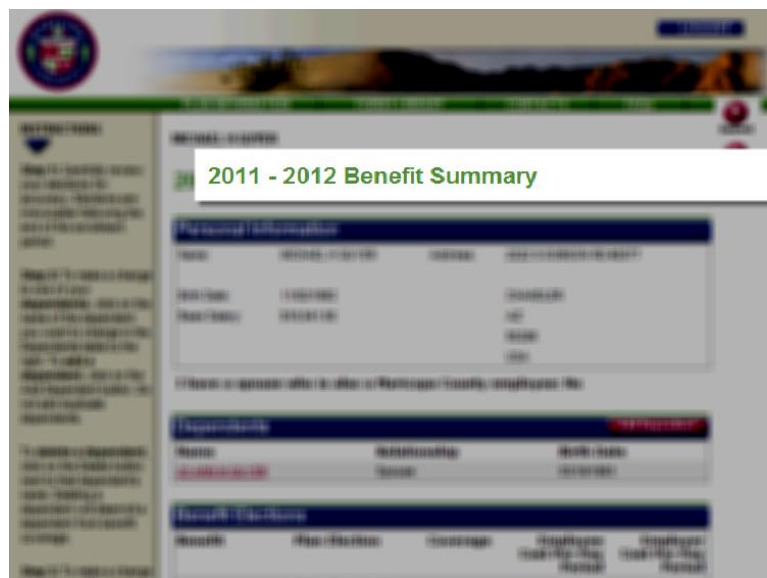
Option	Cost
<input type="radio"/> METLAW Group Legal Services	\$7.87
<input checked="" type="radio"/> Waived Group Legal Services	\$0.00

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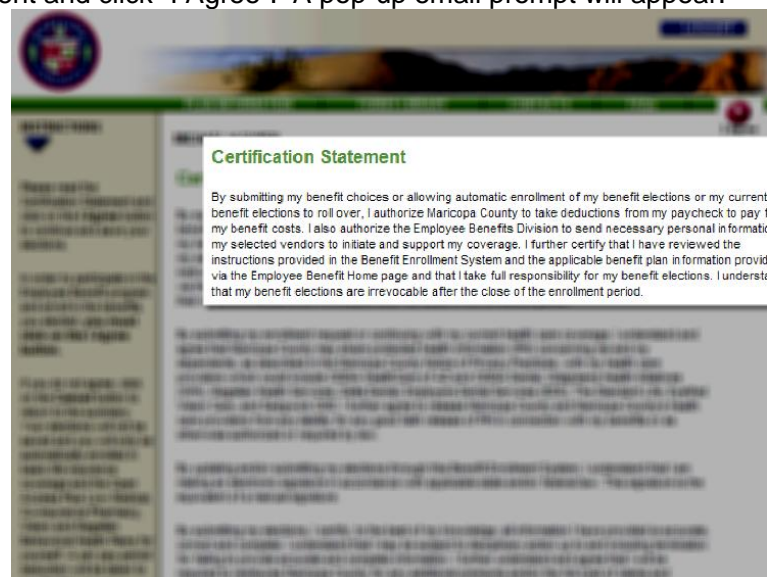
- b. When all selections have been updated, click “Continue”.
- c. Click the “OK” button when the pop-up message to acknowledge your selection appears. To change your selection click “Cancel” and make the change then click “Continue” again.



30. Once you have made all your benefit elections, a Benefit Summary will appear. Review the Benefit Summary and make any necessary corrections. If everything is correct, click “Submit” when finished.

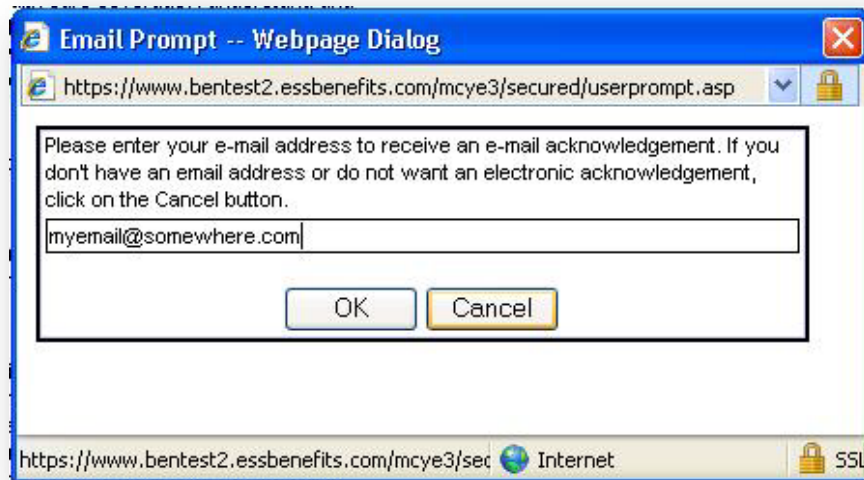


31. Read Certification Statement and click “I Agree”. A pop-up email prompt will appear.



Online New Hire Enrollment System Instructions | 2011

Input your email address and click “OK” to have a confirmation emailed to you. Otherwise click “Cancel”.



32. Click the “Print” button on the Confirmation Page to print the page to keep for your records.



33. The benefits enrollment process is complete. Click “Continue” and you will receive the “Thank You” message.

A Confirmation Statement will be mailed to your home address within 10 days. Compare the Confirmation Page you printed to the Confirmation Statement you receive in the mail. If the information on the Confirmation Statement does not match your printed Confirmation Page, contact the Employee Benefits Division within 10 business days at 602-506-1010 press 2 and then 2 again.